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## Special 510(k) Device Modification: EBI® XFIX® DFS® OptiROM® Elbow Fixator

#### 510(k) Summary

This 510(k) Summary for the EBI® XFIX® DFS® OptiROM® Elbow Fixator is provided as required per Section 513(I)(3) of the Federal Food, Drug and Cosmetic Act.

1. Sponsor:

EBI, L.P.

100 Interpace Parkway Parsippany, NJ 07054

Date Prepared: April 24, 2002

2. Proprietary Name:

EBI® XFIX® DFS® OptiROM® Elbow Fixator

Telephone:

Contact Person: Frederic Testa, RAC

(973) 299-9300, ext.2208

**Common Name:** 

External Fixation Device

**Classification Name:** 

Single Multiple Component Metallic Bone Fixation Appliances and Accessories, 21 CFR 888.3030.

## 3. Predicate or Legally Marketed Device:

• EBI<sup>®</sup> XFIX<sup>®</sup> DFS<sup>®</sup> OptiROM<sup>®</sup> Elbow Fixator (K992515, K981483, K0202403)

## 4. Description of Device:

The System consists of external fixation components and implantable bone screws. The EBI XFIX DFS OptiROM Elbow Fixator is utilized in the following manner: bone screws are inserted through the patient's skin and soft tissue and into the bone. The fixator frame of the EBI XFIX DFS OptiROM Elbow Fixator is attached to the shanks of the bone screws. This submission is for the addition of distractor component, which allows for gradual movement used in rehabilitation. The intended use and fundamental scientific technology have not changed from the previously cleared submission.

#### 5. Intended Use:

The EBI XFIX DFS OptiROM Elbow Fixator is intended for use in upper extremity treatment of bone and soft tissue conditions and other bone conditions amenable to treatment by use of the external treatment modality. Possible applications include:

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Fracture dislocation with ligamentos instability. Comminuted intra-articular fractures.

Post traumatic reconstruction for joint stiffness.

#### 6. Materials:

The components of the System may be manufactured from materials such as Aluminum Alloy, Stainless Steel, Pyromet<sup>®</sup> 718, Carbon Fiber, and Titanium Alloy.

### 7. Comparison of the technological characteristics of the device to predicate devices:

The modified EBI XFIX DFS OptiROM Elbow Fixator is substantially equivalent to the following predicate device:

EBI XFIX DFS OptiROM Elbow Fixator (K981483, K992515, K020403)

- The additional EBI XFIX DFS OptiROM Elbow Fixator components are fabricated from the same materials as the components of the currently marketed EBI XFIX DFS OptiROM Elbow Fixator.
- The modified EBI XFIX DFS OptiROM Elbow Fixator and the currently marketed EBI XFIX DFS OptiROM Elbow Fixator are both intended for use in upper extremity treatment of bone and soft tissue conditions and other bone conditions amenable to treatment by use of the external treatment modality. Possible applications include:

Fracture dislocation with ligamentos instability. Comminuted intra-articular fractures.

Post traumatic reconstruction for joint stiffness.

- The bone screw clamps of the modified EBI XFIX DFS OptiROM Elbow Fixator, like the bone screw clamps currently marketed in the EBI XFIX DFS OptiROM Elbow Fixator, are designed for fixation of the bar and bone screw.
- The modified EBI XFIX DFS OptiROM Elbow Fixator, like the currently marketed EBI XFIX DFS OptiROM Elbow Fixator, is provided nonsterile.

There are no significant differences between the modified EBI XFIX DFS OptiROM Elbow Fixator and the currently marketed EBI XFIX DFS OptiROM Elbow Fixator. It is substantially equivalent\* to the predicate device with regard to intended use, materials, and function.

<sup>\*</sup>Any statement made in conjunction with this submission regarding a determination of substantial equivalence to any other product is intended only to relate to whether the product can be lawfully marketed without pre-market approval or reclassification and is not intended to be interpreted as an admission or any other type of evidence in patent infringement litigation. [Establishment Registration and Premarket Notification Procedures, Final Regulation, Preamble, August 23, 1977, FR 42520 (Docket No. 76N-0355.)]



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

# MAY 23 2002

Mr. Frederic Testa, RAC Regulatory Affairs Specialist EBI, L.P. 100 Interpace Parkway Parsippany, NJ 07054

Re: K021312

Trade/Device Name: EBI® XFIX® DFS® OptiROM® Elbow Fixator

Regulation Number: 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and

accessories

Regulatory Class: II Product Code: KTT Dated: April 24, 2002 Received: April 25, 2002

Dear Mr. Testa:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

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Enclosure

# STATEMENT OF INDICATIONS FOR USE

510(k) Number (if known): **6021312** 

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Device Name: EBI XFIX DFS OptiROM Elbow Fixator
Indications For Use:
The EBI® XFIX® DFS® OptiROM® Elbow Fixator is intended for use in upper extremity
treatment of bone and soft tissue conditions and other bone conditions amenable to
treatment by use of the external treatment modality. Possible applications include:
1. Fracture dislocation with ligamentos instability.
2. Comminuted intra-articular fractures.
3. Post traumatic reconstruction for joint stiffness.
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE
IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use OR Over-The-Counter Use (Per 21 CFR 801.109) (Optional Format 1-2-96)
(Division Sign-Off)  Restorative
(Division Sign-Off)
Division of General, Restorative and Neurological Devices
510(k) Number <u>K02131</u> 2